

**State of Delaware  
Office of the State Bank Commissioner**

**COMPLAINT FORM**

Your Name (Please Print)\_\_\_\_\_

Home Address\_\_\_\_\_

City/State/Zip Code\_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone\_\_\_\_\_

**COMPLAINT AGAINST**

Name of Institution\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip Code\_\_\_\_\_

Telephone \_\_\_\_\_ Date of Transaction \_\_\_\_\_

Account Number\_\_\_\_\_ Type of Account\_\_\_\_\_

checking/savings/loan/mortgage/credit card/certificate of deposit/IRA

**Explain your complaint briefly. Please provide any supporting documents with this complaint form.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: First, you should try writing to the institution involved and allow a reasonable time for a response. If you are still not satisfied, please provide the Office of the State Bank Commissioner with copies of all relevant documents, including correspondence about your efforts to resolve this matter, along with this completed form.**

Date:\_\_\_\_\_ Signature:\_\_\_\_\_

**Please Return to: Office of the State Bank Commissioner**  
555 E. Loockerman Street, Suite 210  
Dover, DE 19901  
Telephone: (302) 739-4235  
Fax: (302) 739-2356 (Complaints)